



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Prescribing Providers, Pharmacists, and Managed Care Organizations (MCOs) Participating in the Virginia Medical Assistance Program

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 6/3/2015

SUBJECT: Drug Utilization Review (DUR) Board Approved Drug Service Authorization (SA) Requirements and Virginia Medicaid Preferred Drug List (PDL) Program Changes – Effective ***July 1, 2015***; and DMAS' Policy on Medicaid Coverage of Physician Administered Drugs and Devices

The purpose of this memorandum is to inform providers about changes to Virginia Medicaid's fee-for-service Preferred Drug List (PDL) Program that will be effective on July 1, 2015 and new drug service authorization (SA) requirements approved by DMAS' DUR Board. Also included is DMAS' policy on Medicaid Coverage of Physician Administered Drugs and Devices.

DMAS Drug Utilization Review Board Activities

The DMAS Drug Utilization Review Board (DUR Board) met on November 20, 2014 and May 21, 2015 and approved service authorization (SA) criteria for the following drugs based on FDA approved labeling.

- **Cerdelga[®]** (eliglustat)
- **Kerydin[™]** (tavaborole)
- **Northera[™]** (droxidopa)
- **Triumeq[®]** (abacavir/dolutegravir/lamivudine)
- **Zydelig[®]** (idelalisib)

Medicaid Coverage of Physician Administered Drugs and Devices

The Department of Medical Assistance Services (DMAS) covers physician/practitioner administered drugs and devices through the medical benefit for **fee-for-service** members. Specific guidelines on billing for physician/practitioner administered drugs including injectable antipsychotics, botulinum toxins, injectable chemotherapy, intrauterine (IUD) devices, etc. can be found in the Medicaid Memo dated 12/5/14.

Effective July 1, 2015, DMAS will deny pharmacy claims for drugs and devices typically administered by health care professionals at the point-of-sale with error code = 394 (Drug Not Covered Under Rx Service) or NCPDP error = 70 (Product/Service Not Covered).

Medicaid Member's Residing in Long-term Care Facility

Claims for physician administered drugs may be submitted as a pharmacy claim using the point-of-sale by pharmacies enrolled with Virginia Medicaid as a long-term care provider for Medicaid members residing in long-term care facilities.

Preferred Drug List (PDL) Updates – Effective July 1, 2015

The PDL is a list of preferred drugs, by select therapeutic class, for which the Medicaid fee-for-service program allows payment without requiring service authorization (SA). In designated classes, drug products classified as non-preferred will be subject to SA. In some instances, other additional clinical criteria may apply to a respective drug class which could result in the need for a SA.

The PDL program aims to provide clinically effective and safe drugs to its members in a cost-effective manner. Your continued compliance and support of this program is critical to its success. The PDL is effective for the Medicaid, FAMIS, and FAMIS Plus fee-for-service populations. The Virginia Medicaid PDL **does not** apply to members enrolled in a Managed Care Organization.

The DMAS Pharmacy and Therapeutics (P&T) Committee conducted its annual review of the PDL Phase II drug classes on April 16, 2015 and evaluated several new classes for addition to the PDL. The Committee approved the following **changes and additions** to Virginia Medicaid's PDL:

Drug Class	Preferred	Non-Preferred (requires SA)
Acne Agents, Benzoyl Peroxide & Clindamycin	Benzaclin [®] , Benzaclin [®] w/Pump	benzoyl peroxide gel , clindamycin/benzoyl peroxide (generic for Benzaclin [®])
Antibiotics, GI	metronidazole tablets	Alinia [®] , Difucid [®] , Flagyl [®] , Flagyl [®] ER, metronidazole capsules, neomycin, paromomycin, Tindamax [®] , tinidazole, Vancocin [®] , vancomycin, Xifaxan [®]
Anticoagulants (oral)		Savaysa [™]
Drug Class	Preferred	Non-Preferred (requires SA)
Antifungals (topical)	Extensive list – please refer to PDL	Extensive list – please refer to PDL
Antihyperuricemics	colchicine tablets	colchicine capsules
Antivirals (topical)	Zovirax [®] cream	Zovirax [®] ointment
Contraceptives (oral)	Falmina [™] , Gianvi [™] , Gildess [®] Fe, Levones [™] t, Minastrin [™] 24 Fe, Necon [®] , Nora-Be [®] , Syeda [™] , Vestura [™] , Viorele	Enpresse [®] , Gildess [®] 24 FE, Loestrin [®] , Micronor [®] , Mircette [®] , Norinyl [®] , Nor-Q-D [®] , Yasmin [®] , Yaz [®]
Cytokine & CAM Antagonists		Cosentyx [™]
Hepatitis C Agents	Viekira [™] Pak	
Hypoglycemics – DPP-IV Inhibitors		Glyxambi [®]
Hypoglycemics – SGLT2	Farxiga [™] , Xigduo [™] XR	
Multiple Sclerosis Agents	Betaseron [®] , Gilenya [®]	Extavia [®] Kit & Vial
Non-Ergot Dopamine Receptor Agonist		pramipexole ER
Pancreatic Enzymes	Creon [®] , pancrelipase (AG); Zenpep [®]	Pancrease [®] , Viokace [®] , Pertzye [®] , Ultresa [®]

The P&T Committee approved new or revised clinical edits for the following drugs classes or drugs: topical antifungals, gastrointestinal antibiotics, ADHD stimulants for members > 18 years, Cytokine and CAM Antagonists, Movantik[®], Xarelto[®], Savaysa[™] Sovaldi[®], Viekira Pak[™] and Olysio[®]. Please

refer to the Preferred Drug List for the complete clinical edit criteria for each drug or drug class. This list can be accessed at www.viriniamedicaidpharmacyservices.com/.

Virginia's PDL can be found at http://www.dmas.virginia.gov/Content_pgs/pharm-pdl.aspx or <https://www.viriniamedicaidpharmacyservices.com/>. In addition a copy of the PDL can be obtained by contacting the Magellan Clinical Call Center at 1-800-932-6648. Additional information and Provider Manual updates will be posted as necessary. Comments and questions regarding this program may be emailed to pdlinput@dmas.virginia.gov.

PDL Service Authorization (SA) Process

A message indicating that a drug requires a SA will be displayed at the point of sale (POS) when a prescription for a non-preferred drug is entered at point-of-sale (POS). Pharmacists should contact the member's prescribing provider to request that they initiate the SA process. Prescribers can initiate SA requests by letter, faxing to 1-800-932-6651, contacting the Magellan Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week), or by using the web-based service authorization process (Web SA). Faxed and mailed SA requests will receive a response within 24 hours of receipt. SA requests can be mailed to:

Magellan Medicaid Administration
ATTN: MAP Department/ VA Medicaid
11013 W. Broad Street, Suite 500
Glen Allen, Virginia 23060

Service authorizations forms are available online at www.viriniamedicaidpharmacyservices.com. The PDL criteria for SA purposes are also available on the same website.

DMAS Contact Information for Participating Pharmacies

Provider Information	Telephone Number(s)	Information Provided
Pharmacy Call Center	1-800-774-8481	Pharmacy claims processing questions, including transmission errors, claims reversals, obsolete date issues, etc.
Preferred Drug List (PDL) & Service Authorization Call Center	1-800-932-6648	Questions regarding the PDL program, service authorization requests for non-preferred drugs, service authorization requests for drugs subject to prospective DUR edits
Maximum Allowable Cost (MAC) and Specialty Maximum Allowable Cost (SMAC) Call Center	1-866-312-8467	Billing disputes and general information regarding multi-source drugs subject to the MAC program, and billing disputes and general information related specialty drugs subject to the SMAC Program
Provider Helpline	1-800-552-8627 In state long distance 1-804-786-6273	All other questions concerning general Medicaid policies and procedures
MediCall	1-800-884-9730 or 1-800-772-9996	Automated Voice Response System for Verifying Medicaid Eligibility
Medicaid Managed Care Organization (MCO) Information	Anthem 1-800-901-0020 Coventry Cares 1-800-279-1878 Kaiser 1-855-249-5025 INTotal 1-855-323-5588 Optima 1-800-881-2166 VA Premier 1-800-828-7989	Questions relating to Medicaid members enrolled in Medicaid Managed Care Plans

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance
1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.